## **Personal Data Concerning Deceased**

American Citizen Services Unit U.S. Consulate Curacao Please return to ACSCuracao@state.gov



## **Personal Information of the Deceased Full Name Date of Birth** (mm/dd/yyyy) Occupation SSN Place of Birth (City, State, Country) **Dutch Caribbean** Address /Hotel/ Cruise Ship Last Known U.S. **Address** Proof of U.S. Citizenship (please attach copy) **Citizenship Document Number** Report of Birth Abroad Passport U.S. Birth Certificate Naturalization Certificate **Federal Benefit** If yes, which Yes Social Security VA Recipient? benefit(s)? ○ No Other **Family Information of the Deceased Next of Kin** Relationship **Next of Kin's Address** E-mail Phone Spouse's Name Living? Yes Spouse's **Address Mother's Name** Living? Yes Mother's place of Mother's Date of Birth (City, State) Birth (mm/dd/yyyy) **Father's Name** Living? Father's Place of Father's Date of Birth (mm/dd/yyyy) Birth (City, State)

Circumstanc	es of Death			
Deceased was:	living in Dutch Caribbean	With:	Relatives	Friends
	travelling in Dutch Caribbean		O N/A	
Name(s) and Addre	ess(es) of travel/living companion(s	s)		
Date of Death		Place of D	eath	
Cause of Death				
cumstances of Death				
Person With Custo	ody of Personal Effects (Custodian)		Relatio	onship
Address of Custodian				
Dutch Caribbean F	uneral Home		Phone	
Desired Dispositio	n of Remains			
Cremated	C Embalmed C Other			
U.S. Funeral Home Receiving Remains Phone				
U.S. Funeral Home Address				
Funeral Home Contact Person			Fax	
Funeral Home Contact E-mail				
Contact Info	rmation (for mailing U.S.	Certificates	of Death)	
Name				
Address				
Phone				